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ORIGINAL DEPARTMENT.

Communications.

BIOGRAPHICAL SKETCH OF
GENERAL R. C. WOOD, M.D.,
(Late Surgeon in the U. S. Army.)

BY SAMUEL W. FRANCIS, M. D.,
(Fellow of New York Academy of Medicine.)

Dr. Wood was born at Newport, Rhode Island, September 1800, and died in New York city, March 28th, 1869, in the 69th year of his age. He was the son of JOHN and REBECCA Woon, and had two sisters and three brothers. Much of his youth was passed at Newport, where his early education was advanced by select schools and private tutors. As soon as it became desirable for him to decide upon a business in life, he chose the medical profession, and for a time studied under Dr. WARING, of South Carolina. Making progress in the healing art he moved to New York city, where he at once entered the medical department of Columbia College, and, after attending in due form the lectures of Drs. VALENTINE MOTT, FRANCIS, MITCHELL and others, was formally graduated M. D. Dr. Woon's medical career was not confined to one locality, but covered, at various periods of a busy life, a great portion of the United States. For one year he practiced at Utica, N. Y. May 22d, 1825, he entered the army. During his experience as a medical officer, we find him pursuing his vocation at Detroit, the Falls of St. Anthony, Prairie du Chien, Iowa, on the Mississippi river; Baltimore and Buffalo, and for many years he resided at Washington. In these cities he formed friendships which lasted through an honorable life, and added much to his pleasing meditations while reviewing the past.

This change of locality was in no respects due to a restless disposition, but arose from the nature of an army life. Vast indeed must have been the experience of a surgeon who had acted efficiently for over forty years; through the war in Florida, the Mexican war, and lastly as

assistant Surgeon-general of the United States army during the war of the Southern Rebellion. For a brief period, just before the appointment of Dr. HAMMOND, Dr. Woon held the responsible position of Surgeon-General U. S. A. During his official residence in the Western Department, his energy was untiring, and many wise and cautious suggestions relative to the transportation and treatment of disabled troops, saved life and gratified his kind and generous heart. As to the truth of this assertion, many of the residents of St. Louis, Missouri, and Louisville, Kentucky can testify.

In 1829 Dr. Wood married a daughter of General ZACHARY TAYLOR, afterwards President of the United States, and had two sons and two daughters, one of whom married BARON GRABO, now Prussian Minister to South America.

It is not the purpose of this brief sketch to give the practical details of Dr. Woods useful life, while a surgeon in the U. S. Army. The official records at Washington will do him ample justice as an able officer. But there were traits in his character too noble to be forgotten, too rare to be passed silently by. To be separated from one's family for many months, amidst the wildness and exposure of prairie life, far from woman's gentle sway; to be surrounded by the contaminating influences of a roving Western life, and still commune with God, and seek by the silent power of a good example to influence those around, are characteristics of the highest order, and give evidence of a strong mind, a firm will and a christian spirit. That life has not been useless when, at the end of an eventful record, the bereaved friends of the departed look up to him in spirit as an additional link to the holy truth "seek first the kingdom of Heaven." Most sincerely is it felt that Dr. Wood has proved by his honorable career that it is possible to be pure in the vortex of politics, and that though it is good to be great, it is great to be good! Truly has he experienced as regards earthly success, that often in life the passing cloud saves one from sunstroke. With him religion was the color, but truth the light of the soul.

The soul admits of no vacuum; it must be filled either by God or Mammon. Dr. Wood felt this, for there was no room in his breast for worldly ambition. He has elevated the medical profession by a long and useful life, illuminated by religious faith.

PARTIAL RECOVERY FROM APOPLEXY, FOLLOWED BY PARALYSIS.

BY FREDERICK HORNER, JR., M.D.,

In January, 1853, Lieut. J. F. MILLER, U.S.N., attached to the man-of-war Jamestown, lying off Buenos Ayres, was attacked with apoplexy. The seizure was at the breakfast table, with the following symptoms: A peculiar expression of astonishment, contortion of the facial muscles, falling from the chair, and with paralysis of the right side. After his removal to bed, the paroxysm lasted for three hours, with all the signs of active congestion of the brain. After copious venesection, and the exhibition of active cathartics, he was restored to consciousness, though unable to grasp the hand, and in a short while hemiplegia supervened, and one-half of the body, in the longitudinal direction, was completely paralysed.

This officer, the son of the distinguished Colonel MILLER, of Lundy Lane memory, had been suffering for some time previous to his illness, amid the routine of naval duty, from great mental anxiety, and also from the effects of African fever, and from habitual constipation of the bowels, all of which had tended to impair his general health, and conduce to cerebral disorder. He was 53 years old. When sufficiently recovered from the effects of the attack, by order of a medical survey, he was recommended to be sent to the United States in the store-ship "Relief." The writer has failed to see the patient subsequently, but on examination of the "Naval Register" for 1869, finds the following record to occur: "Commodore J. F. MILLER died at Charlestown, Massachusetts, July 11th, 1868." Thus, though disabled by paralysis, he lived for fifteen years after the first apoplectic seizure, and during this period was promoted to four different grades of the naval rank, (which ensured him an increase of pay,) viz., Lieut. Commander, Commander, Captain, and Commodore.

In Woods' *Model American Treatise on "Practice of Medicine,"* the pathology of apoplexy is said to depend "on pressure upon the brain originating within the cranium. The fibrin of the blood is diminished, and in general there is found to be an increase of the corpuscles. In

one instance, the quantity of fibrin on the second day of the attack, was found to have fallen to 1.9, whilst that of the corpuscles has risen to 176.5." It would seem that the want of due proportion between the fibrin and the corpuscles may have been the cause rather than the effect of the apoplexy, and that the lesion which occurs in the vessels of the brain is due to ossification in the arterial coats, rendering them less able to resist the evils of active congestion. The paralytic symptoms may continue for years, and after convalescence from the apoplexy the mind appears weakened, the patient sheds tears, the memory is defective, and words are miscalled. This condition, Dr. FORBES WINSLOW in his work on "Obscure Diseases of the Brain," describes as one demanding the utmost care. The bladder is to be attended to, and absolute rest enjoined to promote the absorption of the blood which is effused upon the membranes, in the ventricles, or in the substances of the brain. CARPENTER (*Elements of Human Physiology*) affirms "death to occur in this disease in the way of coma. The instinctive motions continue, and the stimulus conveyed by the pulmonary branches of the eighth pair of nerves still excites the reflex power of the medulla oblongata, which sustains the involuntary movements of the thorax."

The facts which are embraced in the history of Lieut. MILLER's case, will encourage the practitioner to persevere in his efforts to relieve and to place under the most favorable circumstances for recovery this class of patients.

OPERATION FOR IMPERMEABLE STRIC- TURE OF URETHRA.

By G. W. BURKE, M.D.,
Of Sulphur Springs, Md.

W. S. McConkle, age 36, travelling agent of a wholesale boot and shoe house in Toledo, Ohio. "Sixteen years ago was riding a mild horse, and was thrown on my back, the foot of the horse striking me on the privates. I was carried home; parts swelled enormously, and became black; was confined to the house for six weeks, before being able to attend my business. At the age of 22, two years after, while riding a colt was thrown upon the horn of the saddle; parts swelled up and shut off the water, and it was with difficulty that the physician could introduce the smallest instrument to draw my urine.

For thirteen years have made use of an instrument to dilate the urethra to pass my urine on almost on every occasion.

On December 16th rode horseback twenty-nine miles; suffered severe pains during the trip, and up to December 22, tried ten times to dilate urethra as usual, before calling on a physician; I failed, and if not relieved must die. I called on Dr. —— in Anderson, suffering intense pain; had not passed water for fourteen hours. The Doctor put me under the influence of chloroform three times, and in his efforts to enter the bladder with a small catheter, made a passage into the scrotum; urine filled the scrotum, which was punctured, to let the urine escape.

Was sent on the morning of December 23d to Cincinnati, to a celebrated surgeon for relief. Remained in city over two weeks, being promised every day to be operated on by the surgeon. Was sent home by the surgeon telling me that my case was a bad one, and conveyed the idea that the operation would kill."

I was called to see him January 11th, 1869, suffering intense pain from retention of urine, caused by a stricture; pulse weak, tongue coated; restless and almost uncontrollable; pulling his hair, bed clothes, etc. I made an effort to introduce a catheter, but failed; ordered a hot bath, placed him in a tub of hot water, with the end of the catheter pressing upon the stricture. The bath had the effect to thoroughly relax the parts, and by withdrawing catheter urine followed in small streams about the size of small knitting needles. After he was relieved and placed in bed, I stated his condition, and the manner of his relief, and to consult his relations and friends in regard to operation. He made up his mind to undergo the operation, but wished to consult his Cincinnati surgeon. On the night of the 13th and 14th of January he could not void his urine; and was relieved as before by hot bath, and constant pressure upon the stricture with the end of the catheter. On January 15th he concluded to be operated on rather than die in his present condition. I called to my assistance Drs. W. F. Boor, S. FERRIS and JOHN REA, of New Castle. On the morning of January 16th, day of operation, his condition was as follows: pulse weak, tongue heavily coated and inclined to dryness: no appetite, general health very much impaired and prostrated. Scrotum and testicles enormously swollen and indurated, considerable heat and pain in parts.

He was prepared upon the operating table as for lithotomy. Finding it impossible to introduce the smallest instrument into the bladder, while under the influence of chloroform, I introduced a No. 8 sound into the urethra down to stricture, which was about one and a-half inch

from meatus urinarius. I intrusted the instrument to the care of Dr. REA; I cut down upon the end of the instrument, laying open the urethra about one inch; I directed the sound to be pushed on if possible, but we failed in passing it further than my incision. Another incision of about two inches, when I opened a urethral abscess, and finding it impossible to advance the instrument further than my incision, I continued my incision to the prostatic portion of urethra; cutting the stricture produced a sound loud enough for attendants to hear, and the sensation to myself as though I was cutting a green pear. I introduced, after some difficulty a No. 8 silver catheter, and escaped through and around it three pints of urine. After being thoroughly cleansed he was placed in bed on his right side, with catheter in bladder, and wound brought together by compresses, lightly applied, with thin slice of elm bark between the two sides of wound, extending the whole length.

January 17th. Rested well during night; wound looks well; left testicle swollen; wound was dressed with elm mucilage.

4 P. M. Tongue dry and coated; gave comp. cath. pill.

January 18th, 8 A. M. Rested tolerably well during night; wound looks well; pulse weak, tongue dry and inclined to redness; appears prostrated, urine running from catheter continually or by drops. Some pain in bowels; bowels not moved since 14th; gave him flaxseed tea and elm water; left spermatic cord painful and swollen in the testicle; applied tinct. iodine diluted.

2 P. M. Rested tolerable; some nausea; gave seidlitz powder.

January 19, 8 A. M. Very restless during the night; pain in bowels and swollen; pulse weak and regular; tongue moist, some appetite; wound looks well. Testicle and cord not so painful; pain over region of bladder; continued dressing, and application of iodine.

4 P. M. Erysipelas over pubic region and left side; operation on bowels; urine passing by catheter.

Jan. 20 8, A. M. Pulse 90; tongue moist and coated; erysipelas extending; continued application of tinct. iodine undiluted; gave tinct. ferri chloridi, gtt. x. every four hours; quinine, gr. iij., chlorate potass., gr. iij., powd. opii, gr. 1. M.; one every four hours. Opened abscess in left side of scrotum.

21st, 8 A. M. Pulse 84; tongue dry and coated; wound discharging; left side of scrotum discharging pus; erysipelas extending up over abdomen and right side; continued treatment.

22d, 8 A. M. Pulse 90; tongue moist and brown coated posteriorly; bowels moved free last night; continued treatment.

23d, 8 A. M. Pulse 75; tongue moist posteriorly, and dry tip; erysipelas extending up as far as short ribs, and is now arrested; continued treatment.

24, 8 A. M. Pulse 70; tongue moist; rested tolerably well during night; appetite good; some pain about neck of bladder, a sensation of roughness; urine does not run free from catheter; pain in hypogastric region and swelling; catheter removed and cleaned, and returned without any pain or difficulty; catheter did not cause any pain or uneasiness from the time it was introduced up to this day.

25th, 8 A. M. Pulse 65; tongue inclined to dryness, urine passing through the catheter; rested well during night; has taken considerable nourishment; appetite good; wound looks well; swelling in left hypogastric region subsiding; continued treatment.

26th, 8 A. M. Bowels moved free during night; considerable pain and griping during operation; pulse 61; resting well; continued treatment.

27th, 8 A. M. Rested well during night; everything progressing favorably; is not taking medicine.

28th, 8 A. M. Tongue red and moist; pulse 75; bowels moved free.

29th, 8 A. M. Rested well during night; continued treatment.

3 P. M. Complained of pain about neck of bladder; removed catheter, cleaned and returned it; urine passed free; appetite good; tongue red and moist; continued treatment.

30th, 8 A. M. Rested well during night; feels strong; appetite good; pulse 69; tongue red and moist.

Removed catheter at 9 A. M.; replaced it at 12 M., being out three hours without any uneasiness or pain; returned it; drew off urine that had accumulated in three hours.

31st, 8 A. M. Rested well during night; tongue red and moist; appetite good; wound discharging but little; abdomen swollen; removed catheter for two and a half hours, and returned it without difficulty or pain.

Feb. 1st, 8 A. M. Tongue red and moist; pulse 69; abdomen swollen; some tympanitis; wound looks well; urine passes by urethra; small opening in penis not closed, other parts of the wound healed; opening in penis was closed by wired sutures; bowels move regular; rests well; appetite good; gave turpentine emulsion.

2d, 8 A. M. Rested well during night; tongue

moist; bowels not swelled so much; no pain; appetite good; continued treatment.

3d, 8 A. M. Rested well during night; passes urine without aid of catheter; tongue moist; appetite good, and feels well in every respect.

4th, 8 A. M. Sitting up in arm-chair; walking about room; feels well, excepting being very weak in his legs; wound was entirely healed upon Feb. 10th.

The diet throughout has been light drinks of a bland character; wound washed three times a day with Castile soap-suds, and no dressing applied but mucilage of elm bark.

Patient has been introducing catheter every day since he has been walking around, and finds no difficulty in introducing it or withdrawing it. In the operation I had no guide to cut on; but had as my guide the raphe. The depth of incision of scrotum was three and a half inches, splitting the septum scroti. I had all to contend with that our authorities mention, in regard to introducing the instrument into the bladder after the operation.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
Philadelphia, Oct. 24, 1868.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Paraplegia.

This patient received an injury to his back last April by the passage of a wheel of a wagon over him. For two months after, he had retention of urine, and his lower extremities have been paralyzed since the accident. He has sensation in the soles of his feet but not as perfect as before, especially not in the right. He is troubled by creeping sensation in the right leg. He has been recovering gradually. Has now perfect control over the bladder, is obliged to pass water every two hours. There is a white sediment in the urine, a phosphatic deposit. His sexual powers are not as active as they use to be. It is presumable therefore that the nerves supplied by the spinal cord to the genital organs are affected. A man may have perfect paralysis of the inferior extremities, so he cannot move his limbs in the slightest degree, and yet he may not be impotent. This is a fact of great interest from a medico legal point of view.

Various remedies have been tried without any material relief, though he is gradually recovering. The question is, can he recover entirely?

Is the paralysis dependent upon an effusion of blood in consequence of the injury, upon an effusion of serum or sero-plastic matter, or upon depression of bone? All these are questions which naturally spring up.

If the paralysis depended upon depressed bone, he would not be gradually recovering the use of the muscles of the extremities, for he has more power now than he had a few months ago. From the immediate appearance of the symptoms it is probable there was an effusion of blood at the moment of the injury, and that some of the blood remains at the seat of injury, keeping up the compression upon the spinal cord, and the consequent paralysis of the inferior extremities.

The patient was placed under chloroform, and the actual cautery applied to the lumbar region, as nearly as possible to the seat of injury to establish a large issue and set up pyogenic action. The probability is that unless resort is had to a remedy of this kind, calculated to make a powerful impression upon the part and system, he will never regain the use of the inferior extremities. Professor Gross has repeatedly seen great benefit from this application in similar cases. The use of a blister or of tincture of iodine would be of no avail. Electricity might be used but with no particular advantage. There is nothing equal to the establishment of a large issue, keeping up a discharge more or less profuse for several months. His appetite and general health are good. There might be given small quantities of one of the iodides with minute doses of the bi-chloride of mercury, to stimulate the absorbent vessels at the seat of the injury.

When the actual cautery is applied to establish an issue, it should be heated to a white heat. It is only necessary to penetrate the skin and connective tissue below. When the object is to arrest hemorrhage, the actual cautery is applied heated to a black or greyish heat, as destruction of the tissues is not then aimed at.

Cloths wrung out of cold water were applied immediately after the operation, to be followed by an emollient poultice. As soon as the eschar is detached, the surface will be sprinkled with a little strychnia, one eighth of a grain, increased to one-fourth or even one-half of a grain.

Re-amputation of Fore-arm.

Charles R. wt. 38. This patient lost his right fore-arm in firing a salute last Fourth of July. Amputation was performed immediately after the accident. The end of the stump is exquisitely sensitive, and there is a scar which lies immediately over the interior extremity of the ulnar and radius, more over the former than the latter.

The limb is edematous, showing there is morbid action going on.

The difficulty probably arose from the fact that there was not sufficient integument left; the bones were not cut off high enough, or the skin was cut off too much. At all events, the bones were not sufficiently covered. This happens occasionally in the hands of the best surgeons. It is sometimes occasioned by gangrene or mortification supervening, especially when the amputation is performed in consequence of severe injury, in which event, the shock communicated to the bones and soft parts sometimes extends far beyond the apparent seat of injury. In such cases, the surgeon who is anxious to save structure, may be much deceived and disappointed in the result, so as to render a subsequent operation necessary.

It is proposed, in the case of this patient, to cut out the cicatrix, to dissect off the soft parts from the bones, and then to saw off the bones or to cut them off with the pliers. Thus a better stump will be made. The neuralgic pain he experiences is owing to the fact that the nerves of the stump are in a state of inflammation and enlargement, producing great suffering.

Previous to the operation the part was shaved. This procedure is always important in extirpating tumors, in ligating arteries, and in amputations, inasmuch as it is necessary to employ adhesive plaster. It is of the first moment in regard to the comfort of the patient and the well-being of the part, that this precaution should be attended to.

The patient was placed under chloroform, and the operation performed as indicated. Some very hard tissue was removed, which may have been the cause of much of the trouble.

Ranula.

Mrs. Lucy —, colored, wt. 19. This patient, about three months ago, first noticed a swelling under the tongue. It sometimes shrinks up, and becomes smaller. It interferes with her talking, and prevents her from chewing solid food.

Immediately underneath the tongue, and behind the incisor teeth, a small tumor it situated, which moves with the tongue. It lies in the direction of the sublingual gland, and constitutes the disease known under the name of ranula, so-called, either because the vesicle or tumor resembles the belly of a tree-frog, or because when the tumor is of large size, the patient's voice assumes a croaking character. It is a cystic tumor, formed by the obstruction of

the orifices of the canals which serve as outlets to the salivary fluid secreted by the sublingual gland. In consequence of this obstruction, the secretion of the gland accumulates, and in this way a cavity or bag results, which is called ranula. The tumor contains nothing but vitiated saliva. If it be cut into so far as to afford an opportunity for the contents to escape, it will be found that they are exceedinglyropy, like thin glue. This is a hypertrophic tumor, formed out of pre-existing tissue. It is not a new formation at all.

Such a tumor must interfere more or less with articulation, mastication, and deglutition; in other words, with the motions of the tongue, and in this way become a source of great embarrassment to the patient. Nor is this all. It may by its pressure upon the teeth alter their natural relation, and even produce a certain effect upon the shape of the jaw-bone. Taking these facts into consideration, it is best to get rid of this affection as early as possible.

There are several methods of operating for the cure of ranula. One consists in removing a portion of the cyst wall, by means of a pair of forceps and scissors, and in this way allowing the contents to escape, the wound healing from the bottom by the granulating process. Or, instead of this, a seton may be introduced; or, some irritating fluid injected, as dilute tincture of iodine, nitrate of silver, or bichloride of mercury, on the same principle as these fluids are employed in a case of hydrocele, where it is designed to obliterate the cavity in which the water of hydrocele is contained.

A portion of the mucous membrane was dissected out with a pair scissors. The operation was very simple, and not at all painful. The parts will heal from the bottom.

An Unfortunate Man, and Singular Case.

A correspondent of the Zanesville (O.) *Courier*, writing from Putnam, Ohio, says: "We have a man here who has broken both arms, four ribs on one side and two on the other, both ankles out of joint, one leg, jaw bone, and both collar bones broken, and has lost his sight, all entirely by accidents, and is still able to be about."

If the above is a true record, it should devolve upon some competent physician to give a medical journal a history of so extraordinary a case.

Mr. AUGUSTUS H. WARD, of Cincinnati, left by will, among other bequests, \$3,000 to the Society for the Relief of Widows and Orphans of medical men.

Medical Societies.

PROCEEDINGS OF THE NEW YORK MEDICAL JOURNAL ASSOCIATION

MARCH 12TH, 1869.

The subject for the evening's discussion was a paper upon the "Physiological History and Therapeutical uses of Pepsine" by Dr. JAMES S. HAWLEY, of Brooklyn. The Doctor remarked that the primary object of this paper is to bring together in a compact and available form what is known of pepsine physiologically and therapeutically. Until a very recent date pepsine has been most laboriously and carefully studied, chiefly from a physiological stand-point, and our knowledge in this direction is therefore most accurate and full. The fact that food taken into the stomach was reduced to a pulvaceous condition by a solvent fluid poured out from the walls of the organ, was demonstrated in the latter part of the 18th century by the experiments of REAUMER and SPALANZANI. Previous to that time the contractile movements of the stomach were supposed to be the chief agents in the digestive function. This discovery gave a new direction to investigations, and soon after it was ascertained that the gastric fluid digested only a portion of the aliment taken in the stomach, viz., the albuminoids. The gastric fluid, therefore, although the *principal*, is not the only digestor. The composition of this solvent fluid remained for some time in doubt, but we now know that is a compound agent, the most important elements of which are a peculiar organic substance called pepsine and an acid secretion. The composition of the acid factor has long been a subject of dispute, but the most recent researches tend to confirm the idea of PROUT, who believed it to be hydrochloric acid; while others, perhaps the minority, still hold that lactic acid is the natural acid of the stomach. The organic body or ferment, is in itself destitute of digestive power, its activity being developed only by the addition of acid. Experiment has proved that any acid will render pepsine active, and we may therefore infer that the acid component is not necessarily the same under all circumstances in the living organism. The proportion of pepsine in the gastric juice is very small, as nearly as can be estimated not over 17 parts in 1000. A small amount of pepsine will therefore give digestive activity to a very large quantity of acidulated fluid. Pepsine is a protein body, and differs from other substances of the same class in con-

taining a larger percentage of nitrogen. It differs from albumen in not being precipitated from its solutions by the same reagents. It is entirely soluble in cold water from which it may be precipitated by alcohol and the salts of lead without impairing its activity.

Temperature has a remarkable influence upon the digestive power of pepsine; low temperatures suspend its action, while high temperatures destroy it altogether. It acts most vigorously at about the natural temperature of the body; above this point it becomes for a time more energetic, but finally reaches a point where it is entirely destroyed. The temperature of total destruction is supposed to be about 120° Fah. Certain substances also suspend its digestive power. Among these are alkalies, strong alcohol, and concentrated acids.

Bile completely and permanently destroys its activity. Pepsine differs from other organic substances in not being prone to putrefaction, and will even arrest the putrefactive changes going on in other substances.

The manner in which pepsine effects the solution of albumen is not definitely settled. It would seem not to be a purely chemical process from the fact that the resulting albuminose or peptone does not differ in chemical composition from albumen, and further from the fact that the pepsine still remains after the act of digestion has been completed, so that neither substance is destroyed, and no new body formed, as is the case in chemical combination.

Dr. BRINTON believes the change effected in albumen by the action of pepsine to be of the nature of hydration, *i. e.* that the albuminous solution is a hydrate of albumen, brought about by the action of the pepsine producing a *chemical union of low grade*, without altering the composition of either substance, and yet conferring new qualities.

Professor DALTON regards the process as one of catalysis; the contact of the pepsine with the food inducing a change of quality by a new molecular arrangement without alteration of composition. When an acidulated solution of pepsine has digested all the albumen it is capable of, or in other words is saturated, the resulting peptone or albuminose can be separated by dialysis and the same pepsine will again digest another equal amount of albumen, and this may be continued indefinitely. This is supposed to take place in the stomach, the organ acting as a dialysor, and setting free the pepsine to be re-acidulated and to enter anew into combination with fresh portions of albumen.

Therapeutical uses of Pepsine.

The use of this substance as a remedial agent preceded the physiological knowledge of its existence. Infusions of stomachs were in use in the time of GALEN, and the coagula found in the stomachs of sucking animals were prescribed in the Pharmacopias of the 18th century. The lining membrane of the chicken's gizzard remained officinal up to 1746, and is even now extensively used as a domestic remedy for dyspepsia; but Dr. CORVISART was the first to develop the happy thought of aiding nature in her embarrassments by the use of her own agents. As a foundation for his clinical observations, he lays down the following rules or propositions.

1st. That aliment is an inanimate substance without nutritive power, *per se*, and without the aid of digestion it would not prevent starvation. Digestion alone gives it vital fitness and the capability of supporting life.

2d. The only thing necessary to produce this transformation of aliment into nutriment is acidified pepsine.

3d. That under the influence of this acidified pepsine, nitrogenous aliment undergoes the physical, chemical, and organic changes that they would under the influence of the gastric juice in the stomach itself.

4th. Artificial pepsine, aside from a different degree of force, is identical in effect with the gastric juice within the stomach, that is to say, its digestive power is always exerted in a similar manner. Further, if digestion by the aid of pepsine can be successfully carried on in an inert bottle or pouch, then so much the more in the living stomach which imparts in addition the natural motion and heat, although it may not itself secrete the digestive principle. The last general proposition of CORVISART sums up the whole subject. He says if there is but one agent for producing digestion, under the influence of which aliment is made assimilable, and that by the aid of pepsine we can transform aliment into nutriment, we ought to be able by the use of the same agent to cause those to digest whose stomachs by a vice of secretion are deprived of this agent, this vital force which indispensable.

In support of these propositions and conclusions, Dr. CORVISART cites a number of cases derived from the practice of distinguished confrères, all of them having well marked symptoms of chronic dyspepsia, and all of them cured or very materially benefitted by the judicious use of pepsine and hygienic management. The following well marked case illustrating the same

facts is kindly furnished by Dr. SANDFORD, of Brooklyn.

Mr. S., at 35, called on me August 1st, 1863, complaining of very severe pain after meals, lasting sometimes for hours, and a sense of weight in the region of the stomach and other symptoms indicative of dyspepsia. Some five months before, he had been confined to his room for three months by a wound of the ankle, which, with his attacks of indigestion, had reduced him considerably. His surgeon had prescribed various tonics for him, none of which produced any benefit so far as regards his old disease, which he said had troubled him for years. Since resuming his business, he found that he did not gain the flesh lost during his confinement by the injury. As he was about to return in a day or to the country, where he was at present occupied, I ordered two ounces of American pepsine, to be taken with him, of which he was to take twenty grains before each meal. Knowing him to be a careful and temperate man, I gave no especial directions in regard to diet, leaving that to his own judgment. He was to report to me after he had consumed the two ounces. I heard nothing from him until December 1st, when I met him looking like a new man, when he joyfully expressed himself as feeling entirely well. I could attribute this favorable result to the pepsine only, since there had been no change in his diet or general manner of living, and no other remedy had been taken. He was not even able to take the usual amount of exercise necessary in such cases, as his foot still troubled him.

Dr. HARLEY related a similar case occurring in his own practice. In addition to the gastralgia, there was diarrhoea provoked by the presence of undigested food. Pepsine combined with sub-nitrate of bismuth, effected a speedy cure. These cases, which are but types of many of a similar kind, illustrate the ordinary and well known effect of pepsine in common chronic dyspepsia due to impaired tone of the stomach, and consequent vitiated or diminished secretion of gastric fluid. Some are prone to cast contempt upon the use of pepsine as a remedy, in consequence of the small quantity given in comparison with the large amount secreted by the stomach. Bearing in mind the physiological fact that a very small amount of pepsine may give digestive energy to a large amount of fluid, the force of this objection becomes very materially weakened. It is not only possible, but indeed highly probable, that the same pepsine may accomplish repeated digestions after successive absorptions of the resulting peptone by the gastric walls. More-

over it is not necessary to suppose that pepsine relieves indigestion only by as much as it digests food, we have reason to believe that it also exercises an indirect influence in restoring innervation, and thus, functional activity. That pepsine has an influence upon digestion, far beyond its simple power to digest, is made apparent by clinical observation. A single quotation coming from a source high enough to give it the weight of evidence upon this point, will suffice to prove this view of its action.

Dr. LEES, physician to the Meath Hospital, Dublin, says "where there is a disgust for food, you will find much benefit from pepsine, which generally causes an appetite." Had this been said of iron, quinine, or nux vomica, we should have regarded it as so much evidence of their tonic effect, and why not so in the case of pepsine? Another use for pepsine, and one which undoubtedly is followed by success, is in the vomiting of pregnancy. CORVISART early called attention to this fact, and cites a most remarkable case where the use of pepsine subdued the vomiting after the patient had been reduced to such a degree of emaciation that she resembled one in the last stage of pulmonary consumption.

Dr. GROSS relates six other cases followed by similar results, and believes the conclusion warranted, that pepsine exercises a controlling influence over the vomiting of pregnancy. In my own practice a case recently occurred favorably illustrating this part of my subject. Mrs. C., in the early stage of her first pregnancy, found herself unable to retain even the blandest articles of food. I prescribed ten grains of American pepsine three times a day. Visited her on the following day, and found that the vomiting had ceased after taking the first powder. And so far as I can learn, it has not since returned.

The next use of pepsine to which I wish to call attention to is in the diarrhoea of infants. Premising that the great predisposing cause of infantile diarrhoea is to be found in the state of evolution which the digestive system and its dependencies are undergoing during the period of dentition, the question of therapeutics becomes one of comparative simplicity. The evident duty of the physician is to allay that irritation of the organs which exhibits itself in vomiting and purging, first, by the removal of all extraneous causes of disturbance, such as food improper in quantity or quality, and by protecting the skin from too sudden and frequent changes of temperature. Secondly, to subdue the excitement which the foregoing causes may have induced, which, in the enfeebled condition produced by the

transition state, are more liable to persist; and lastly, to impart to the struggling and overtaxed digestive apparatus that assistance which shall enable them to convert food from the character of a foreign body, and therefore an irritant material into nutriment which will sustain the natural forces, and enable them to accomplish successfully the great and necessary evolution through which they are passing. In this condition, owing to the want of balance in the system, there is constant danger that the ingesta may be converted into irritating substances, simply because there is not tone enough in the stomach to convert them into nutriment. Not only this, but the food, unable to sustain, may, in addition to acting as a foreign body, undergo putrefactive changes, and thus add another morbid cause to those already existing. In these cases the very function which is partially or totally suspended we can assist, and the very strength which is exhausted we can supply. By the administration of pepsine we reach at once the essence of the difficulty, by *its aid we convert the ingesta into nutriment, and give the overtaxed stomach the first thing needful—rest.*

Dr. HAWLEY illustrated this most important portion of his paper by a large number of well chosen cases, some of which have already been published in the REPORTER, in an extract from his essay upon "The Use of Pepsine in the Diarrhoea of Infants." The evidence of the efficacy of pepsine in these cases is too abundant and favorable to be called in question. A judicious selection of the case in which the diagnosis admits of tolerable certainty, and a fair trial of the remedy almost invariably results in a cure.

Another valuable use to which pepsine may be applied is as an adjuvant to other remedies in the treatment of disease, especially in combination with cod-liver oil in cases of pulmonary tuberculosis and other developments of scrofulous or tuberculous diathesis. In these cases the oil is tolerated by the stomach, and there is less tendency to nausea. I have not, up to the present time, used it for this purpose, but have been informed by competent and careful observers, that much success has followed its administration in such cases.

The last use to which I will call attention is in the promotion of alimentation in disease. In a very able paper by Professor AUSTIN FLINT upon this subject, recently read before the County Society, we find the following sentence. "The limitations to alimentation in disease relate wholly to the physiological processes which are preliminary to nutrition, namely, *digestion* and

the other processes by which aliment is converted into food." We infer, then, that to whatever degree starvation may be a cause of death in disease, to whatever extent disease may overwhelm the powers of life in consequence of *insufficient nutrition*, to that degree and to that extent is artificial digestion important.

The only question remaining is whether artificial digestion can be successfully accomplished by the administration of pepsine. Undoubtedly it can. This is now a matter of recorded experience sufficiently extensive to remove all doubt. The Doctor here cited several cases from CORVISART and RILLIET, illustrating the successful use of pepsine in alimentation in typhoid fever. A well marked case from the practice of Dr. SANDFORD, of Brooklyn, was also read, showing its favorable effects in a little patient greatly reduced by scarlet fever and subsequent capillary bronchitis. In this case the stomach refused to retain the ordinary sustaining aliment, such as beef-tea, milk, etc., so that after the force of the pulmonary disease had abated, the child seemed likely to starve from inability to retain nourishment. Pepsine, given frequently with meat-broth, finally restored the digestive power, and from this point the child rapidly convalesced. Dr. HAWLEY cited another case, occurring in an infant but two weeks old, unable to retain its mother's milk, and rapidly wasting away from inanition. Three grains of pepsine given with half a teaspoonful of the mother's milk with great frequency, finally accomplished a cure.

Dr. HAWLEY, in conclusion, remarked that the therapeutical value of this remedy was not limited to the diseases already referred to. Its range is wider, and each practitioner bearing in mind the fact that it is more an *aid* to nature, than a *remedy*, will find various circumstances in the course of disease in which its use will be suggested, and especially where the treatment is *restorative*, there will pepsine at some point or other aid in the cure.

Dr. P. K. CHAMBERS, in speaking of a case of anæmia following indigestion and general disgust for food, in which a cure was effected by the use of pepsine, says, "It would be easy to cite cases where drugs had effected the same purpose, but I chose rather to select an instance of the simplest form of restorative treatment, in order to direct the reader's thoughts to the true theory of healing."

A good deal of dispute has arisen concerning the usefulness of pepsine as a remedy, from the fact that many specimens possess no digestive power whatever, and thus in certain quarters the

virtues of pepsine have been called in question. Not only this, but it has often been given in unsuitable cases, and impossible expectations have been founded upon it.

Dr. PAVY, in speaking upon this point, says that he examined several specimens of pepsine obtained from the first pharmaceutical establishments of London, and found nearly all of them quite inert. Dr. PAVY indeed ventures to say that the bulk of the pepsine dispensed in that city is destitute of digestive power. It would appear, therefore, that the successes and failures attending the introduction of pepsine into the *materia medica* are easily reconcilable. The successes have been real, and are in accordance with physiological reasoning. The failures are to be attributed to extravagant expectations, improper use, and inert pepsine. It is believed that the physiological facts and reasoning set forth in this paper are sufficient to prevent a repetition of the former, and the production of a domestic and efficient pepsine may obviate the latter cause of failure.

The article called American pepsine is a true representation of the gastric fluid obtained from the stomach of the calf, and prepared without the aid of heat. Its strength is uniform, and its merits are apparent from repeated experiments in which thus far it has proved superior in digestive power to any other preparation of the same kind. I do not, therefore, hesitate to recommend American pepsine as a reliable substitute for similar preparations of foreign production.

After a short discussion, chiefly upon the nature of the natural acid of the stomach, the Society adjourned.

M.

Intoxicating Drinks in the United States.

An exchange says: The use of intoxicating drinks in the United States has recently been the subject of an extended investigation by a physician of St. Louis, Missouri, who has published the results of his inquiries. From these statistics it appears that out of every 300 men in the United States, 122 never drink spirits, and 178 drink to various degrees of intoxication. Of these 178, it is asserted that 100 drink moderately, but not to intoxication; 50 are ephemeral drinkers; 25 drink periodically, called "spreeing;" and 3 are habitual inebriates. This gives one confirmed inebriate to every 59½ of men who use spirits. Of 700 women, 600 never taste alcohol in any form; 30 taste wine occasionally; 17 taste ardent spirits; 36 drink ale or beer constantly; 14 drink ardent spirits periodically, and 3 are habitual inebriates.

EDITORIAL DEPARTMENT.

Periscope.

Vaccination.

The increasing frequency and virulence of small-pox in this country is becoming only too evident. The causes of this have been pointed out various times in this journal, and it gives us pleasure to quote from the *N. Y. Nation* some excellent remarks and carefully prepared statistics on this subject. It remarks:

"It is about seventy years since JENNER, after an extensive course of study and experiment, extending through twenty-five years, published his great discovery of vaccination, with a religious faith not only that the process would be to every one subjected to it a perfect protection against the small-pox, but that this disease, the most dreaded and destructive of all that afflict mankind, would be fairly exterminated from the earth. At that time the annual death-rate from small-pox in England was estimated at 3,000 in the million of population. In other countries of Europe the rate varied, in some cases rising to 4,000, and probably in no instance falling so low as 2,000 in the million. These, the fatal cases, should be multiplied by five or six, as nearly as we can compute, to give the entire number of subjects annually attacked by the disease. This loss of life is appalling. The loss of time, in cases not fatal, is something harrowing to the mind of the economist. But this is not the whole of the black story. It was estimated that two-thirds of the indigent blind in London had lost their sight by small-pox. The number of hopelessly deafened ears, crippled joints, and broken-down constitutions from the same cause, perhaps, cannot be reckoned, but it was certainly very large. Anybody who escaped from the disease without painful disfigurement of the face, was called fortunate. Although it may seem unworthy to be mentioned in this connection, the mere destruction of clothing and utensils for the prevention of infection in so many thousands of cases, must have formed no inconsiderable part of the waste of a nation. In those days, whatever a man might do, whether he would abide at home or travel abroad, by land or by sea, in summer or in winter, so long as he had not paid toll to the great pestilence, and bought his freedom from it, it rose as a bugbear before him in every direction. Now it is well to recall such facts as these; the nineteenth cen-

tury, in the comparative immunity it has enjoyed, is apt at once to forget the horrors from which it has been delivered, and to neglect the only means of protection against their return. Let us see what change has been effected by vaccination, where it has been most thoroughly done, and its results have been most carefully observed and recorded.

This summary of English experience does not exhibit an extreme case, but it is especially instructive by its progressive character:

PERIODS COMPARED.	<i>Annual Deaths by Small-pox in England and Wales.</i>	<i>Annual rate per million of the Population.</i>
1. Average of 30 years previous to introduction of vaccination, estimated by Dr. LETTSOM and Sir GILBERT BLAKE.....	3,000
2. Average of 3 years (1838-40,) when vaccination had become to a great extent diffused, but before any public provision was made for its gratuitous performance.....	11,944	770
3. Average of 9 years (1841-53,) when public vaccination was gratuitously provided, but vaccination was not obligatory.....	5,221	304
4. Average of 12 years (1854-65,) during which vaccination has been to a certain extent obligatory	3,967	202

In some countries where vaccination has been compulsory, and has been performed with conspicuous thoroughness, a very much nearer approach has been made to the fulfilment of the JENNERIAN aspiration, the extinction of small-pox.

"In Copenhagen, in twelve years before the introduction of vaccination, 5,500 persons died from small-pox; from the year 1802 to 1818, a period of sixteen years after vaccination had been peremptorily insisted upon, only 158 persons died of small-pox over the whole of Denmark."

In Copenhagen, for thirteen years, not one fatal case of small-pox occurred; the same was true, for eight years, in so large a population and territory as that of the Grand-Duchy of Baden.

For a striking example, look at the experience of the well-vaccinated British army for twenty years, from 1817 to 1836 inclusive. In dragoon regiments and Guards, with an aggregate strength during that period of 44,611 men, and a total mortality of 627, only three deaths were from small-pox.

Among the troops at Gibraltar, the aggregate strength being 44,611 men during that period,

with a total mortality of 1,291, only one death from small-pox occurred.

In the West Indies several epidemics of small-pox prevailed during the period, but there were no deaths either among the British or white troops, of whom the aggregate strength was 86,661, with a total mortality of 6,803. Among the black troops on the same station, with an aggregate strength of 40,934, and a mortality of 1,645, there was not one case of small-pox.

At Bermuda, Nova Scotia, New Brunswick, Cape of Good Hope, and the Mauritius, not a death from small-pox occurred during the twenty years mentioned; and the white troops of Western Africa wholly escaped this disease, while the black unprotected population were dying by hundreds.

These may serve as samples of statistics that might be multiplied by hundreds. Let it not be supposed that this amazing saving of human life has been at the expense of an increased mortality from any other disease. On the contrary, and notwithstanding the dire threats of 'Lucis Borilla' and 'Facies Borina,' fulminated by the early opponents of vaccination, the better we become acquainted with that discovery, the more purely beneficial does it appear to be. Thus it is noticeable in those countries where vaccination has been most thoroughly practised, that, leaving small-pox out of the question, there is a diminution of the death-rate from other causes; and this is so striking in the case of two of the most important classes of diseases, viz., scrofulous affections and continued fevers, especially typhoid, that some medical statists have attributed to vaccination an indirect protective agency in this regard.

Why is it, then, in the face of these facts, that small-pox still, occasionally and within certain limits, ranges to the extent of an epidemic, so that, in popular esteem, vaccination has ceased measurably to afford its old protective power? Some of the best of the heads that study—like that, for instance, of JOHN SIMON, 'Medical Officer of Her Majesty's Privy Council'—have been for years working insatiably at this question, and have answered it completely, with an array of figures which to doubt would be to fly in the face of the multiplication table. 'Wheresoever vaccination falls into neglect,' cries Mr. SIMON from his mountain height of statistics, 'small-pox tends to become again the same frightful pestilence it was in the days before JENNER'S discovery; and wheresoever it is universally and properly performed, small-pox tends to be of as little effect as any extinct epidemic of the middle

ages.' Dr. JENNER inculcated, and his immediate disciples observed, certain conditions of thorough and successful vaccination, which have of late been forgotten or neglected, to the great detriment of the public health. The apparently trivial character of the operation has led to its slovenly and ineffectual performance. The most important of these conditions is that the vaccine lymph, just at the period of its perfect elaboration, should be transferred directly from the yielding arm to the receiving arm. In this country this plan is followed in probably an insignificant proportion of cases. The use of dried lymph, of varying degrees of activity down to complete inertness, is the rule, and here, apparently more than in England, is Mr. SIMON's assertion true, that millions of vaccinations have been performed with lymph which had lost its original power, with a resulting partial or total failure of protection.

Here, the medical practitioner, especially outside of large cities, is often at a loss to obtain any form of vaccine lymph. In England the National Vaccine Establishment has been, ever since 1808, a trustworthy and accessible reservoir of the virus, and its beneficent operations are well marked in the statistics already referred to."

Hemorrhage after the Extraction of a Tooth.

Mr. R. M'KISSICK, of Penningtonville, Pa., sends to the *Dental Cosmos* the following case.

A gentleman in delicate health requested me to call at his residence, and extract a tooth from which he had been suffering very much for some days. I found a severe case of periodontitis of the left inferior wisdom tooth, the side of the face and neck considerably swollen, and the jaws rigid. The tooth was extracted with but little difficulty; the bleeding was profuse, but not more so than generally follows the extraction of a tooth when similarly affected. It soon subsided.

On the evening of the fifth day after the tooth had been extracted, bleeding commenced, and continued very much until next morning, when I was notified of the fact. The hemorrhage was easily arrested by plugging the cavity tightly with cotton, well covered with ferri subsulphatis (MONSEL's salt). On the morning of the following day the hemorrhage recommenced; upon examining, I found the blood was oozing from the gums opposite the second molar, buccal surface. The parts were well seared with nitrate of silver, which arrested the bleeding at the time.

The following day, one week from the time

the tooth had been extracted, bleeding commenced again, but still further forward, opposite the first molar and second bicuspid. Nitrate of silver was again applied, with the desired effect; a thick roll of cotton lint, well covered with tannin, was placed upon the gum, to extend as far front as the incisor teeth, and a piece of muslin folded tightly and placed in the mouth, so that when the jaws were closed, it would produce considerable pressure upon the gums. On the outside, opposite the bleeding point, a strong pulse could be distinctly felt.

Ice was directed to be applied externally, the patient to remain as quiet as possible in a sitting posture for a short time. No further hemorrhage occurred.

Reviews and Book Notices.

NOTES ON BOOKS.

Dr. RUFUS KING BROWNE has recently translated and published in pamphlet form an article on "The Life of the Trichina." When we add that the article is by no less a writer than RUDOLPH VIRCHOW, we as much as say that Dr. Browne has added a most valuable contribution to medical literature. The pamphlet has forty-eight pages. It commences with an historical introduction, and then investigates the following queries: How do we recognize trichinae in meat? What dangers to the human body do the trichinae cause? What preventive measures against its spread are advisable?

"Pathological Phenomena Generalized," is the title of a pamphlet of sixty-nine pages, which reaches us from Montevallo, Alabama, where it was published in 1867. The author is H. BACKUS, (M.D.?) It is an attempt to derive some law of pathology from an abstract contemplation of the facts of pathology, as found in the ordinary text-books. The attempt meets with the success which might have been anticipated—the author has satisfied himself, and will satisfy no one else. We recommend to the author and all speculative dreamers on such matters, to ponder well those dying words of VELPEAU, "Travaillez, mes amis, travaillez." Less thought and more hard work were better.

A work not very dissimilar is a dissertation by Dr. JAMES F. HIBBERD, for which a prize was awarded by the Massachusetts Medical Society. It is entitled "The Part taken by Nature and Time in the Cure of Diseases." (Boston: DAVID

CLAPP & SON, pp. 46.) The "expectant" system of treatment here finds a warm defender. He urges the view that "nature and time are the main factors in the cure of disease." Purgatives, emetics, venesection, mercurials, etc., he weighs in the balance, and pronounces them wanting. We have not the time just now to show where, in our opinion, the radical fallacy of such views lie, but that they are fallacious we are strongly persuaded.

At the late commencement of the Medical Department of Georgetown College, D. C., Dr. F. COWAN read the address on behalf of the graduating class, which we are at a loss to characterize other than as a remarkable specimen of verbal gymnastics. Take, for an example, this sentence:

"For the phalanx of giants, PHYSIC, which you, by your zeal, enthusiasm, and energy, have organized with technical hellenic tactics, they, whom you have elected to be the polemarchs, ~~her~~ must hymn peons to you, not, however, in eulogistic rhapsodies in a theatre of the metropolis, but rather in their practice as physicians. An eutrophy and euthanasia to you all."

In Dr. MORGAN's address on behalf of the Faculty, we find a curious epitaph, which we do not remember to have seen before, and is certainly worth preserving. He says it is to be seen in Pittstown, Rensselaer county, New York.

RUTH SPRAGUE,

DAUGHTER OF GIBSON AND ELIZABETH SPRAGUE,

Died January 11th, 1846.

Aged nine years, four months, and five days.

She was stolen from the grave by Thomas L. Shaw, and dissected by Dr. Roger B. Wilson, in Hoosic, New York, from which her mutilated remains were obtained and deposited here.

Her body dissected by fiendish men;
Her bones anatomized;
Her soul, we trust, has risen to God,
Where few physicians rise.

It is to be hoped that the pious conviction so confidently expressed in the last stanza will not become a popular article of faith.

Professor OWEN, the celebrated comparative anatomist, who is now accompanying the Prince and Princess of Wales on their oriental tour, states, in the third volume, just published, of his "Anatomy of Vertebrates," opinions very much in accordance with those expressed in DARWIN's work "On the Origin of Species." His words are: "At the acquisition of facts adequate to test the moot question of links between past and present species, as at the close of that other series of researches proving the skeleton of all verte-

brates, and even of man, to be the harmonized sum of a series of essentially similar segments, I have been led to recognize species as exemplifying the continuous operation of natural law, or secondary cause; and that not only successively, but progressively—from the first embodiment of the vertebrate idea under its old Ichthytic vestment until it became arrayed in the glorious garb of the human form."

GOULD & LINCOLN, Boston, have issued the volume of the Annual of Scientific Discovery for 1869. It has been prepared by DR. SAMUEL KNEELAND, of the Massachusetts Institute of Technology, and contains a portrait of JAMES D. DANA, Professor of Natural History and Geology in Yale College.

J. MUNSELL, Albany, has lately published an interesting and instructive paper on the Trichina Spiralis, read before the Albany Institute in January last, by EDWARD R. HUN, M. D. It contains a brief sketch of the history and symptoms of trichiniasis, and indicates the method of rendering innocuous the meat infested with the troublesome parasite.

HENRY C. LEA, of Philadelphia, announces "The Royal College of Physicians' Nomenclature of Diseases," DAVY on "Digestion," and PAVY on "Food."

The following interesting notice is from the *N. Y. Nation*.

The "Anémie des Grandes Villes et des Gens du Monde," by DR. RAOUL LE ROY, is a treatise on a very important if not a new subject for able medical pens. DR. BOURGUIGNON's treatise, "Malaria Urbana" is well known to the profession, as also the "Cachexie Urbaine" of DR. BERTILLON. This anemia, although clearly recognized by the faculty, is somewhat difficult to define except by the descriptive title, "Malaria Urbana." It is the modern disease resulting from city life, the special ailment of high civilization in temperate climates. Accompanied by negative manifestations, without febrile symptoms, allowing its victims entire liberty of movement, encouraged and kept alive by the ordinary incidents of city life, it is a disease whose presence is almost unsuspected until, suddenly, its subject becomes alarmed at the fatigue resulting from trifling physical efforts, even that of a short walk. Then follow violent palpitations of the heart at the slightest, unlooked-for noise, a difficulty of breathing, indigestion, and a succession of multiform nervous affections. Its special and most serious injury falls upon women. Even the unprofessional reader finds this work highly interesting.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 10, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

THE DRUGGISTS AND THE DRUG BILL.

An event has transpired—very innocent, and very proper, we should say in itself—which seems to have moved some of the druggists of this city from their propriety, and led them to say some very harsh things about the medical profession. The occasion of all this excitement is that a delegate from this city to the last meeting of the State Medical Society, in the exercise of an undoubted right and privilege, for a good, or for an evil purpose—the druggists say it was for an evil, or at least, a selfish purpose, viz., to get an office for himself—proposed the appointment of a Committee empowered to draft a law, and present it to the Legislature of our State for enactment, having for its object the detection of adulterated drugs.

We are not the apologists of the Committee or of the State Society in this matter—nor the defenders of the form of a law first presented by them to the Legislature, or its substitute, though we firmly believe in the necessity of some sort of preventive legislation on the subject. The mover of the resolution may have had the selfish and unworthy motives attributed to him. His solicitude for the protection of the lives and health of the people may have been all a sham—though that is a part of the business of the profession to which he belongs. Such a charge is uncalled for, and is not to be entertained without direct proof. It may have been an unheard of and foolish thing for a society to delegate so important a matter to a Committee with plenary power, thus making itself responsible for a matter which it had no power to review or control. The draft of the law presented may have been in every way objectionable. And, finally, the particular member of the Legislature having the matter in charge may be

utterly incompetent to manage it, and care for nothing except to “make a reputation” for himself. All this we understand to be directly or indirectly charged by the druggists. Furthermore, they make the general charges that medical men compound with druggists for a per centage on prescriptions sent to their stores, and that they are ignorant and incompetent to judge of the qualities of drugs—in fact, the druggists have allowed themselves full swing of thought and expression, while they have, we think, shown little discretion.

Among their assumptions, as we understand, is the claim that they are a “profession,” entirely independent of the medical profession, whose members, we suppose, are rather agents of drug establishments, to go around among the community,—drummers, if you please, for drug stores—and get orders for their employers! It was asserted in their meeting, an account of which was published in our last number, that this is a matter with which physicians have *nothing to do*, and it was, and is, more than intimated that there is not a physician in Philadelphia who is competent to fill the position of Inspector of Drugs. The former proposition we deny *in toto*. Nay, we assert that with this matter the physician *has everything to do*. The drug trade when confined to its legitimate functions is necessarily subordinate to the medical profession, and no assumption or presumption can make it otherwise. Of course the physician “has nothing to do” with that part of the business of the modern druggist which consists in dealing in proprietary medicines, segars, fancy articles, paints, oils, etc., etc., all which is utterly inconsistent with, and tends to incapacitate them from, a proper attention to their legitimate calling, except to enter a most earnest and emphatic protest against it.

As to whether there is a physician in this city who is capable of being an Inspector of Drugs—as we are not aware that any has laid claim to such capacity, or that any has aspired to the office in question, we dismiss this part of the subject. We would, however, remark that though such an office would be a difficult one to fill, there might possibly be found a physician, of sufficient attainments and capacity for acquiring knowledge combined, who by a judicious and cautious exercise of which, with diligence in adding to his stock of knowledge by study and observation, might manage to fill such an office with credit to himself and benefit to the community.

As to the sophistication of drugs—that is not an open question. It is too well known that almost everything we eat, drink and wear, as

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ear, as

well as the medicines we take, are subject to adulteration. The physician is too often deceived and disappointed in the action of the remedies he uses, not to know and feel that they are frequently unreliable. A large portion of the time of the Professors of Materia Medica in our Colleges is devoted to pointing out the means of detecting these sophistications. We do not say that there are no pure articles in any of the categories named above, and no one thinks of charging our "first-class" druggists or grocers with adulterating medicines or food, but that does not militate against the broad and well known fact that both medicines and food are adulterated—it may be by unworthy compounders or dealers, who might not be admitted to a seat in our Drug or Corn Exchanges, but who, nevertheless, deal in medicines and food. Drugs pass through several hands before they reach our "first-class" stores.

The excitement on this subject among our druggists appears to us unseemly. It almost looks like a confession of judgment—not intended to be so, of course—but the fact that the proposed law reached the Legislature without their knowledge, led them to fancy that there was a secret purpose about it, that an effort was made to spring the law upon them, while it seems evident that it has taken its regular course, the idea having originated in the Philadelphia County Medical Society, and the Committee having been appointed by the State Medical Society about a year ago, and the fact published in their annual proceedings, while the proposed law has taken the usual course before the Legislature. We do not say that it would not have been at least wise, on the part of the Committee, to have consulted with some of our Druggists on the subject. But if they had, would it have been of any avail? For, as we understand it, the druggists claim to be a profession of themselves, entirely independent of the medical profession, and are opposed to *any* law for Drug Inspection, even in our national custom-houses. Everything must be left to the judgment and honor of the conscientious and educated druggist! To this proposition we have only to suggest that the millennium has not yet arrived, and that while we have men wicked enough to adulterate drugs for gain, there will always be found those who for the same cause, will be unprincipled enough to dispense them.

We ought to have a law—perhaps not "a Drug Law" simply, but a law against sophistications in general, in which drugs should be included, and physicians and druggists should unite in

perfecting such a law, one that will be an honor to our State, and that will, to some extent at least, accomplish the desirable object of giving us pure and reliable drugs.

THE BLACKSTONE TRAGEDY.

We have looked forward with fearful foreboding to the consummation of just such a horrible tragedy as was enacted in our midst on the morning of the 29th ult.,* as the legitimate result of the extreme and utterly unsafe teachings of sensational writers in some of our magazines and newspapers. Here are a mother and two bright, promising children, hurled into eternity at the hands of a loving husband and doting father, while laboring under a fit of temporary insanity, speedily followed by the suicidal ending of an existence which thereafter could never have been aught but a burthen. This heart-rending case—and it is only one among many, that are too frequently occurring in various parts of the country—is an illustration of the terrible responsibility incurred by the conductors of the public press.† We hold such writers as have ventilated

* The following is an outline of this tragedy. The harrowing details were a *bonne bouche* to such a paper as the *Morning Post* of this city.

Early on the morning of Monday, March 29th, Mr. JAMES L. BLACKSTONE, of the firm of FUNSTON & BLACKSTONE of this city, an upright, worthy citizen, who, as the testimony shows, was extremely proud and fond of his family, but who had a hereditary taint of insanity, which has, on several occasions recently manifested itself in a manner which had caused his wife some solicitude, murdered his wife and two children, and then deliberately closed his house and went and threw himself into the Delaware river and was drowned.

His family consisted of his wife ISABELLA E. BLACKSTONE, and two children, one a boy, named LEE, aged eight years, and the other a girl, named CATHARINE, aged between three and four years. About two o'clock on Tuesday afternoon Mr. FUNSTON received a telegraph dispatch reading as follows:

"MADISON, Conn., March 30, 1869.

Have received a letter from JAMES that wife and children are killed, telegraph answer immediately.

SELAH LEE."

Mr. FUNSTON with a friend, started for the house of Mr. BLACKSTONE, in Judson street. He found the doors securely fastened and the windows closed. He then went to the Police-Station and returned with a policeman, who entered the house with him, when they discovered the dead bodies of Mrs. BLACKSTONE and her children.

† While we are reading this proof, we find the following dispatch in the morning papers:

"Murder and Suicide in Memphis.

"Memphis, April 6.—A horrible murder and suicide occurred here to day. A. J. WATT, while laboring under a fit of insanity, brained NEWBERRY GIBSON, his room mate, with a hatchet, and then rushed into an adjoining room to kill GEORGE NELSON, who warded off the blow, but received severe wounds. WATT then went back to the room where he had killed GIBSON, and crying out, 'Farewell to the world,' leaped from the third story window and was instantly killed. NELSON is in a critical condition."

their outrageous and libelous assaults, on the Superintendents of our Hospitals for the Insane, on medical men who are called on to investigate cases of alleged insanity, and certify to the same, and on our judges who pronounce upon them, as directly responsible in a great degree for the wanton destruction of human life in cases like these. These fierce and uncalled for assaults tend to prevent relatives and friends doing their duty by insane persons. They are unwilling to subject themselves to the libelous charges of irresponsible critics, whose real object seems to be notoriety, and persons who for their own safety, that of their families and of the community, are suffered to go at large, when they ought to be placed under proper restraint and professional care and supervision. The *Morning Post*, of this city, the *Atlantic Monthly*, and one or two of the New York dailies, have gained for themselves an undesirable notoriety in this way, and at the same time assumed a fearful responsibility.

Speaking as one who has had unusual opportunities for observation and experience with the insane, we say unhesitatingly, that there are persons at large in this community,—some of them through the ill-judged advocacy of notoriety-seeking newspapers—who may be met almost every day on our public streets, who, for their own safety, that of their families and the community, should be under proper restraint. We should not be in the least surprised at any time to see further horrible records like that noted above.

The proper place for insane persons is in a hospital, and the proper time to discharge them should be left to the judgment of the medical superintendents of such institutions, aided, if deemed best, by a commission of medical experts in consultation with them.

In conclusion, we desire to place in strong contrast to the course pursued by the papers referred to in this article, the course of the *Evening Bulletin*, of this city—(and possibly other papers that did not come under our notice)—which has uniformly pursued on this question the same straightforward, judicious course, which usually characterizes it in its handling of matters of public interest.

COMPETITIVE EXAMINATIONS.

We desire, not merely as a matter of business, to call attention to the advertisement in our columns for a candidate for the salaried position of House Physician to the Infant's Hospital on Randall's Island, New York. This is one of the institutions under the charge of the Commiss-

sioners of Charity and Correction of the City of New York.

It will be observed that there is to be a *competitive examination* for the position in question, and we gladly embrace the opportunity of again placing ourselves on the record in favor of the principle of the *concours* or competitive examinations for all our public medical positions. It is a disgraceful and humiliating sight to see the canvassing, button-holding, pushing and crowding for the appointment to any vacancy that may occur in one of our hospitals, schools or other public institutions. Nepotism, or other personal or political considerations have far more influence in officering our public institutions, than merit. Indeed they have all, as a rule, and merit nothing to do with the matter. There are men connected with most of our public institutions who are entirely out of place, and who have no claim to their positions apart from the considerations mentioned above. Many of them would not dare to face a competitive examination, while their capacity for boring and intriguing puts to the blush and drives from the field more meritorious men.

We welcome any indication—and there have been several of late—that the very objectionable system of making medical appointments so long in vogue among us, is going to give way to fair and honorable intellectual and physical contests for the honor—and we ought to be able to add in all cases, *emoluments*.

AMERICAN MEDICAL ASSOCIATION.

Louisville and Nashville, and Memphis and Louisville R. R. Line, April 3, 1869.

Wm. B. ATKINSON, M. D.

Sec'y Am. Med. Association.

Arrangements have been perfected by which delegates to the American Medical Association will be passed from Louisville to New Orleans, and return, with their wives and families, at one full fare the round trip, each person's ticket will be good via Humboldt or Memphis, giving parties the choice of routes, with the privilege of stopping over at Cave City, to visit the great natural curiosity of Kentucky.

The tickets will be placed on sale at the depot office on the morning of April 30th, in Louisville, and will be good to return over lines between New Orleans and Humboldt or Memphis until May 15th, or from Humboldt or Memphis to Louisville until May 20th.

Please communicate this to the profession generally, that they may have timely notice thereof, and oblige

W. H. KING,
General Transportation Agent.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. NAPHEYS, M. D.

No. 8.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, now in use by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulas for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will command itself, both by its intrinsic merit, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

The figures annexed to each formula indicate its number from the beginning of the series, and are added to facilitate reference.

Uterine Therapeutics.

J. M. DA COSTA, M. D.

60. R. Apiol, gr. iv.
in the form of a granule or "pearl," four times a day, as an emmenagogue. To be taken for three days before the expected period. Apiol is an excellent remedy for amenorrhœa when there is no uterine disease. It is also useful in dysmenorrhœa.

Dr. TILT says that given every two hours, so soon as the pains of dysmenorrhœa begin, it acts like a charm in some cases of nervous dysmenorrhœa, but it is of little use when the dysmenorrhœa depends upon some disease of the womb.

T. HAWKES TANNER, M. D., F. L. S., Lond.

61. R. Potassii bromidi, ʒ.i.
Tinct. cantharidis, f.ʒ.iss.
" cinnamomi, f.ʒ.vj.
Aquaæ, q. s. ad f.ʒ.iss.

Dessertspoonful three times a day, as a stimulating emmenagogue.

62. R. Acid. gallici, gr. xv.—xxv.
Acidi sulph. arom., M. xv.—xx.
Tinct. cinnamomi, f.ʒ.j.
Aquaæ dist., q. s. ad f.ʒ.iss.

For one dose.

* Entered according to Act of Congress, in the year 1860, by Geo. H. NAPHEYS, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Mix with two or three tablespoonfuls of water, and take every few hours in profuse menorrhagia, until the bleeding ceases.

Professor T. GAILLARD THOMAS, New York, says that in a case of menorrhagia, the patient should be kept perfectly quiet upon her back; cloths wrung out of cold water should be laid over the uterus, vulva, and thighs; cold, acidulated drinks should be given freely; and the injection of all warm fluids strictly interdicted. In addition, the apartments should be kept cool, the nervous system quiet by opium or an appropriate substitute, and all conversation prohibited. In mild cases this may suffice, but in severe ones it will not. Then the speculum should be introduced, a sponge-tent passed into the cervix, and the vagina filled with a tampon. This will rarely fail. But in certain cases, as, for instance, those of cancer of the neck, the tent will not be admissible. Under these circumstances, a soft sponge or wad of cotton should be saturated with a solution of the tersulphate of iron, laid upon the cervix, and the tampon placed against it, or a small linen bag may be filled with powdered alum, placed in contact with the cervix, and held in place by a tampon; or two drachms of tannin may be left free against the part. To these means almost all cases will temporarily yield, more especially if the use of the tent be admissible.

Emmenagogue Enema.

EDWARD JOHN TILT, M. D., M. R. C. P., Lond.

63. R. Aloes Barbadosis, gr. x.
Tepid milk. f.ʒ.ij.

To be injected twice a day when the menstrual flow is due, until it comes, or until tenesmus becomes unbearable.

Emmenagogue Vaginal Suppository.

64. R. Aloin, gr. ij.
Butyræ cocosæ, gr. x.
65. R. Olei terebinthinæ, f.ʒ.ss.
Tincturæ capsicæ, f.ʒ.ss.
Tincturæ ergotæ, f.ʒ.i.
Tinct. lavend. comp., f.ʒ.ij. M.

In cases of uterine hemorrhage, give from half a drachm to a drachm of this mixture in milk, after shaking the bottle. In severe flooding after parturition, from half an ounce to an ounce may be given in plenty of milk, with good results.

PROF. ELLERSLIE WALLACE.

66. R. Aloes, gr. v.
Olei tanaceti, gtt. x.
Cantharidis, gr. viij.
Ferri lactatis, ʒ.ij. M.

Fiat massa, in pilulas xxviii. dividenda.

One, morning, noon, evening, and night, as an emmenagogue.

